

Ozarks Technical Community College
Occupational Therapy Assistant Program – **DUE BY APRIL 15**

Student should verify that their application is complete before the deadline.

NOTE:

- The applicant cannot be scored unless both sides of this form are completed.
- Recommendations should be completed by previous or current supervisors or instructors.

Applicant's Name _____ has given this form to you so that you may support his/her application for admission into Ozarks Technical Community College Occupational Therapy Assistant Program.

Applicant hereby authorizes individual/business/firm/institution to whom this form has been addressed to issue any information regarding their service, character, personality and competencies, and do hereby unconditionally release named individual/business/firm/institution from all liability for any damage whatsoever which might result from furnishing this information.

Your Response Will Be Kept Confidential

The person named above has applied to the Occupational Therapy Assistant Program. Your assessment of the applicant's characteristics will enable the Occupational Therapy Assistant Program to evaluate whether this applicant meets its standards. Please respond to all questions to the best of your ability. **This reference needs to be completed by a professional contact and not a family member.**

Applicant's Signature _____ Date _____

The information you provide will be used only in the application file of this applicant, and will be held in strict confidence as delineated by the Family Educational Rights and Privacy Act of 1974.

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How well do you know this applicant?

Very well \_\_\_\_\_ Well \_\_\_\_\_ Not well \_\_\_\_\_ Not at all \_\_\_\_\_

Length of acquaintance:

Years \_\_\_\_\_ Months \_\_\_\_\_ Semesters \_\_\_\_\_

Optional Comments: (e.g., potential for success as an Occupational Therapy Assistant, academic ability, etc.)

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**Continue on reverse**

Rating of Applicant - (based upon your direct observation & knowledge of the applicant)

|                                      | Exceptional | Above Average | Average | Below Average | Not Observed |
|--------------------------------------|-------------|---------------|---------|---------------|--------------|
| Ability to work with group           |             |               |         |               |              |
| Organizational qualities             |             |               |         |               |              |
| Writing ability                      |             |               |         |               |              |
| Interpersonal skills                 |             |               |         |               |              |
| Adaptability/flexibility             |             |               |         |               |              |
| Responsibility/dependability         |             |               |         |               |              |
| Acceptance of constructive criticism |             |               |         |               |              |
| Confidence                           |             |               |         |               |              |
| Verbal communication skills          |             |               |         |               |              |
| Initiative                           |             |               |         |               |              |

Signature \_\_\_\_\_

Date \_\_\_\_\_

Title or Position \_\_\_\_\_

Phone \_\_\_\_\_

**Directions:**

- Email to [alliedhealth@otc.edu](mailto:alliedhealth@otc.edu) (**preferred method**)
- Fax to (417) 447-8806
- Hand-deliver to the Allied Health Office (Lincoln Hall, room 210)
- Mail the completed form to:

Allied Health Office  
 Ozarks Technical Community College  
 1001 East Chestnut Expressway  
 Springfield, MO 65802-3625